

01-03-00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Matthew S. Reimink et al.
Filed : Herewith
For : MEDICAL DEVICES WITH
POLYMER/INORGANIC SUBSTRATE
COMPOSITES
Docket No.: S16.12-0094

TRANSMITTAL LETTER

"Express Mail" mailing label number: EL418982486US
Date of Deposit: December 30, 1999

The following paper(s) and/or fee(s) are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" addressed to BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231:

1. Our checks in the amount of \$870.00 and \$40.00
2. Fee Calculation Sheet (in duplicate)
3. Patent Application comprising the following pages:
 - 1 Abstract
 - 24 Specification
 - 3 Claims
4. 3 Sheets of drawings
5. Executed Declaration and Power of Attorney (3 pages)
6. Executed Assignment and Recordation Form Cover Sheet

Under 37 CFR § 1.136(a)(3), applicant(s) hereby authorize(s) for any future reply, the incorporation of any required petition for extension of time for the appropriate length of time and authorize the charging of fees under § 1.17 to deposit account 23-1123.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

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FEE CALCULATION SHEET

Attorney Docket No.

S16.12-0094

Sir:

Express Mail No. EL418982486US
Date of Deposit: December 30, 1999

The fees due for filing in the patent application of:

Inventor(s) : Matthew S. Reimink and Matthew F. Ogle

Title : MEDICAL DEVICES WITH POLYMER/INORGANIC SUBSTRATE COMPOSITES

Are calculated as follows:

— Reduced fees are applicable based on the enclosed Verified Statement claiming Entity status.

10-450 U.S. PTO
 09/475721
 12/30/99

(Col. 1)		(Col. 2)	Small Entity		OR	Large Entity	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE			=	\$345		=	\$690
TOTAL CLAIMS	30 - 20 =	10	X 9 =	\$		X 18 =	\$180
INDEP CLAIMS	3 - 3 =	*	X 39 =	\$		X 78 =	\$
— MULTIPLE DEPENDENT CLAIM PRESENTED			+ 130 =	\$		+ 260 =	\$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$		TOTAL	\$870

— Please charge Deposit Account No. 23-1123 in the amount of \$_____. This sheet is submitted in triplicate.

X A check in the amount of \$870.00 to cover the filing fee is enclosed.

X The Commissioner is authorized to charge payment of any patent application processing or filing fees under 37 CFR §§ 1.16 and 1.17 or credit any overpayment to Deposit Account No. 23-1123. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

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